

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE ARIEL FOUNDATION		A Employer identification number 27-0226408	
Number and street (or P O box number if mail is not delivered to street address) 101 east gambier street		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code MOUNT VERNON, OH 43050		B Telephone number (see instructions) (740) 392-0364	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 38,636,048	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	3,007,131			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	214,081	308,059		
	4 Dividends and interest from securities . . . . .	523,345	541,982		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	371,249			
	b Gross sales price for all assets on line 6a 21,038,925				
	7 Capital gain net income (from Part IV, line 2) . . . . .		371,249		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	34,874	120,098		
	12 Total. Add lines 1 through 11 . . . . .	4,150,680	1,341,388		
	13 Compensation of officers, directors, trustees, etc	75,000	0		75,000
	14 Other employee salaries and wages . . . . .	24,356	0		24,356
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	113	0		0
	b Accounting fees (attach schedule) . . . . .	18,810	0		0
	c Other professional fees (attach schedule) . . . . .	194,952	326,354		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	29,928	305		6,440
	19 Depreciation (attach schedule) and depletion . . . . .	5,505	0		
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	3,324	0		3,324
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	22,322	66,803		22,322
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	374,310	393,462		131,442
	25 Contributions, gifts, grants paid . . . . .	6,344,159			6,344,159
	26 Total expenses and disbursements. Add lines 24 and 25	6,718,469	393,462		6,475,601
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-2,567,789			
	b Net investment income (if negative, enter -0-)		947,926		
c Adjusted net income(if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	60,674	77,129	77,129
	2 Savings and temporary cash investments . . . . .	3,932,895	4,113,239	4,113,239
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	36,218,371	34,439,061	34,439,061
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis ▶ _____ 38,536 Less accumulated depreciation (attach schedule) ▶ _____ 31,917	12,124	6,619	6,619
15 Other assets (describe ▶ _____)				
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	40,224,064	38,636,048	38,636,048	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .			
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .	0	0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	40,224,064	38,636,048	
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	40,224,064	38,636,048	
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	40,224,064	38,636,048		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	40,224,064
2 Enter amount from Part I, line 27a . . . . .	2	-2,567,789
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,038,062
4 Add lines 1, 2, and 3 . . . . .	4	38,694,337
5 Decreases not included in line 2 (itemize) ▶ _____	5	58,289
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	38,636,048

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	<b>2</b>	371,249
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{		}	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	5,566,165	39,486,024	0 140965
2014	5,529,322	33,007,286	0 167518
2013	4,736,463	19,701,539	0 240411
2012	1,413,251	14,669,309	0 096341
2011	986,937	10,688,521	0 092336


<b>2</b> Total of line 1, column (d)	<b>2</b>	0 737571
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 147514
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	36,605,117
<b>5</b> Multiply line 4 by line 3	<b>5</b>	5,399,767
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	9,479
<b>7</b> Add lines 5 and 6	<b>7</b>	5,409,246
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	6,475,601

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	9,479
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	9,479
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	9,479
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	20,179
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	20,179
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	10,700
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> 10,700 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	No
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>  . . . . .	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>KURT E SCHISLER</b> Telephone no <b>(740) 392-0364</b>			

Located at **101 east gambier street MOUNT VERNON OH** ZIP+4 **43050**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> <b>1b</b>			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/> <b>1c</b>			<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>			<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? <b>4b</b>			<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

<b>5a</b> During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here.		<input checked="" type="checkbox"/>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d)				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	No
If "Yes" to 6b, file Form 8870				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			<b>7b</b>	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KAREN BUCHWALD WRIGHT 35 BLACKJACK ROAD MOUNT VERNON, OH 43050	SUPERV DIR, CHAIRMAN, PRES 1 00	0	0	0
THOMAS RASTIN 35 BLACKJACK ROAD MOUNT VERNON, OH 43050	DIRECTOR 1 00	0	0	0
JANET L REYNOLDS 1424 GREENBRIER DRIVE MOUNT VERNON, OH 43050	DIRECTOR, VICE PRESIDENT 30 00	75,000	0	0
KURT E SCHISLER 13445 OLD MANSFIELD ROAD MOUNT VERNON, OH 43050	DIRECTOR, SECRETARY, TREAS 5 00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	33,250,595
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	3,911,960
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	37,162,555
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	37,162,555
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	557,438
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	36,605,117
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	1,830,256

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	1,830,256
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	9,479
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	9,479
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	1,820,777
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	1,820,777
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,820,777

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	6,475,601
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	6,475,601
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	9,479
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	6,466,122

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				1,820,777
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	455,979			
<b>b</b> From 2012. . . . .	749,006			
<b>c</b> From 2013. . . . .	3,778,018			
<b>d</b> From 2014. . . . .	3,906,714			
<b>e</b> From 2015. . . . .	3,635,248			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	12,524,965			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>6,475,601</u>				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				1,820,777
<b>e</b> Remaining amount distributed out of corpus	4,654,824			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	17,179,789			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	455,979			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	16,723,810			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	749,006			
<b>b</b> Excess from 2013. . . . .	3,778,018			
<b>c</b> Excess from 2014. . . . .	3,906,714			
<b>d</b> Excess from 2015. . . . .	3,635,248			
<b>e</b> Excess from 2016. . . . .	4,654,824			

## Part XIV

- Part XV** **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

## Part XV

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	6,344,159
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	214,081	
<b>4</b> Dividends and interest from securities. . . .			14	523,345	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .	900000		15	34,874	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	371,249	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .		0		1,143,549	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		1,143,549

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . . **1c**
- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

\* \* \* \* \*

2017-10-13

\* \* \* \* \*

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below (see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00099212
	Mary Elizabeth Wright CPA				
	Firm's name ▶ Rea & Associates Inc				Firm's EIN ▶ 34-1310124
	Firm's address ▶ 941 Steubenville Ave PO Box 820  Cambridge, OH 437250820				Phone no (740) 432-5658

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
GSAM LCV	P	2016-01-01	2016-12-31
GSAM LCV	P	2015-01-01	2016-12-31
GSAM LCG	P	2016-01-01	2016-12-31
GSAM LCG	P	2015-01-01	2016-12-31
GANNETT WELSH & KOTLER SC CORE	P	2016-01-01	2016-12-31
GANNETT WELSH & KOTLER SC CORE	P	2015-01-01	2016-12-31
GS CORPORATE FIXED INCOME	P	2016-01-01	2016-12-31
GS CORPORATE FIXED INCOME	P	2015-01-01	2016-12-31
FX-HEDG INTL DEV EQ BUFF BETA	P	2016-01-01	2016-12-31
SHAPIRO DYNAMIC EQUITY	P	2016-01-01	2016-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
4,590,561		4,450,927	139,634
1,161,636		1,221,070	-59,434
1,627,263		1,633,158	-5,895
1,857,144		1,590,184	266,960
17,652		18,538	-886
195,475		142,566	52,909
744,060		756,952	-12,892
1,986,342		1,979,674	6,668
261,273		255,000	6,273
251,320		174,194	77,126

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			139,634
			-59,434
			-5,895
			266,960
			-886
			52,909
			-12,892
			6,668
			6,273
			77,126

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
SHAPIRO DYNAMIC EQUITY	P	2015-01-01	2016-12-31
CAPITAL GROUP PCS NON-US EQ	P	2016-01-01	2016-12-31
CAPITAL GROUP PCS NON-US EQ	P	2015-01-01	2016-12-31
JP Morgan	D	2016-01-01	2016-12-31
SOUTHOCEAN PRIVATE CREDIT P LP	P	2016-01-01	2016-12-31
SOUTHOCEAN MULTI-STRATEGY	P	2016-01-01	2016-12-31
SOUTHOCEAN MULTI-STRATEGY	P	2015-01-01	2016-12-31
SOUTHOCEAN MSAF 1231 GAIN	P	2016-01-01	2016-12-31
SOUTHOCEAN MSAF 1256 GAIN	P	2016-01-01	2016-12-31
STAR MOUNTAIN DIVERSIFIED	P	2016-01-01	2016-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
610,082		517,052	93,030
61,722		76,256	-14,534
423,081		484,090	-61,009
1,828,578		2,007,128	-178,550
			0
			1,275
			1,962
			0
			0
			0

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			93,030
			-14,534
			-61,009
			-178,550
			0
			1,275
			1,962
			0
			0
			0

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
STAR MOUNTAIN DIVERSIFIED	P	2015-01-01	2016-12-31
THIRD FRIDAY TOTAL RETURN FUND	P	2016-01-01	2016-12-31
THIRD FRIDAY TOTAL RETURN FUND	P	2015-01-01	2016-12-31
THIRD FRIDAY TRF - 1256 GAIN	P	2016-01-01	2016-12-31
US REAL PROPERTY INCOME FUND	P	2015-01-01	2016-12-31
GSAM LCG	P	2015-01-01	2016-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
			0
			1,862
			-211
			30,910
18,721			18,721
5,404,015		5,396,685	7,330

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			0
			1,862
			-211
			30,910
			18,721
			7,330




**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
American Red Cross of Knox County 300 North Mulberry Street Mount Vernon, OH 43050		PC	American Red Cross - FAST and Disaster Response Services	8,113
Board of Knox County Commissioners 117 E HIGH STREET SUITE 161 Mount Vernon, OH 43050		GOV	Knox County Memorial Building Accessibility Improvements	186,556
Board of Knox County Commissioners 117 E HIGH STREET SUITE 161 Mount Vernon, OH 43050		GOV	Knox County Service Center Security Upgrades	45,000
Central Ohio Technical College 236 S MAIN STREET Mount Vernon, OH 43050		PC	Central Ohio Technical College's CollegeASPIRE Summer Workshops	3,000
City of Mount Vernon 40 Public Square Mount Vernon, OH 43050		GOV	Downtown Revitalization	182,575
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
City of Mount Vernon 40 Public Square Mount Vernon, OH 43050		GOV	2015 Shade Tree and Beautification Commission Project Phase II	39,995
City of Mount Vernon 40 Public Square Mount Vernon, OH 43050		GOV	Tree Inventory	20,639
City of Mount Vernon 40 Public Square Mount Vernon, OH 43050		GOV	Phase III of Columbus Road Shade Tree and Beautification Project	17,237
City of Mount Vernon 40 Public Square Mount Vernon, OH 43050		GOV	West High Street - Phase I - Tree Removal Phase	13,670
City of Mount Vernon 40 Public Square Mount Vernon, OH 43050		GOV	Snow Removal on City Sidewalks	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Escape Zone 316 s Main Street Mount Vernon, OH 43050		PC	Armory Renovation	150,000
Foundation Park Conservancy PO BOX 469 Mount Vernon, OH 43050		PC	Ariel Foundation Park Updated Security System	100,000
Foundation Park Conservancy PO BOX 469 Mount Vernon, OH 43050		PC	Executive Director of the FPC Position	15,180
Habitat For Humanity International Inc 200 N Main Street MOUNT VERNON, OH 43050		PC	A Brush With Kindness 2016	21,123
Heritage Centre Association Inc 102 S MAIN STREET MOUNT VERNON, OH 43050		PC	Main Street Christmas Light Update	15,466
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Heritage Centre Association Inc 102 S MAIN STREET MOUNT VERNON, OH 43050		PC	Inern Grant	2,000
Heritage Centre Association Inc 102 S MAIN STREET MOUNT VERNON, OH 43050		PC	Snow Removal Grant	1,200
Hospice of Knox County 17700 COSHOCTON ROAD MOUNT VERNON, OH 43050		PC	Enhancements for Camp Hope, We Honor Veterans, Bereavement	25,000
Indiana University 107 S Indiana ave bloomington, IN 47405		PC	2016 Scholarship	5,000
Kenyon College 103 COLLEGE DRIVE Gambier, OH 43022		PC	Buckeye Candy Building Renovations	500,000
<b>Total . . . . .</b> <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Kenyon College 103 COLLEGE DRIVE Gambier, OH 43022		PC	Buckeye Candy Building Renovations	490,000
Knox County Agricultural Museum KNOX COUNTY FAIR GROUNDS Mount Vernon, OH 43022		PC	Expansion of Knox County Agricultural Museum Phase II	10,000
Knox County Career Center 306 martinsburg rd Mount Vernon, OH 43050		PC	KCCC Preschool Playground Renovation	5,000
Knox County Educational Service Center 308 Martinsburg Road Mount Vernon, OH 43050		PC	Enrichment Programs 2016	9,000
Knox County Landmarks Foundation Inc PO Box 1993 Gambier, OH 43022		PC	MTVarts Mural Project	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Knox County Landmarks Foundation Inc PO Box 1993 Gambier, OH 43022		PC	Gay Street Mural Repair	3,500
Knox County Landmarks Foundation Inc PO Box 1993 Gambier, OH 43022		PC	MVNU Intern Stipend	1,000
Knox Partnership for Arts & Culture Inc 107 SOUTH Main Street Mount Vernon, OH 43050		PC	2016 Chautauqua/Lyceum Series	3,500
Kokosing Gap Trail PO Box 129 Gambier, OH 43022		PC	2016 Sealing Asphalt of Kokosing Gap Trail	55,000
Kokosing Gap Trail PO Box 129 Gambier, OH 43022		PC	Kokosing Gap Trail Crack Sealing	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Main Place Inc 117 W High Street Mount Vernon, OH 43050		PC	Roof Replacement	15,000
Mount Vernon City Auditor 117 W High Street Mount Vernon, OH 43050		GOV	Update Court Security 2016	5,000
Mount Vernon City School District 300 Newark Road Mount Vernon, OH 43050		GOV	Knox Learning Center West Side School Project	43,500
Mount Vernon City School District 300 Newark Road Mount Vernon, OH 43050		GOV	8th Grade Washington, D C Class Trip	39,386
Mount Vernon City School District 300 Newark Road Mount Vernon, OH 43050		GOV	Mount Vernon City Schools 5th Grade Transistions Outdoor School	22,800
<b>Total . . . . .</b> ▶ <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Mount Vernon City School District 300 Newark Road Mount Vernon, OH 43050		GOV	Yellow Jacket Club Grant	5,000
Mount Vernon City School District 300 Newark Road Mount Vernon, OH 43050		GOV	Fast ForWord Renewal 2016, Twin Oak Elementary	2,880
Mount Vernon City School District 300 Newark Road Mount Vernon, OH 43050		GOV	Fast ForWord-Reasearch Based English Language Arts Intervention Program, Columbia Elementary	2,520
Mount Vernon Development Company Inc 1250 VERNONVIEW DRIVE Mount Vernon, OH 43050		PC	Hatfield Property Acquisition	350,000
Mount Vernon Development Company Inc 1250 VERNONVIEW DRIVE Mount Vernon, OH 43050		PC	The Car Wash Property	175,000
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Mount Vernon Development Company Inc 1250 VERNONVIEW DRIVE Mount Vernon, OH 43050		PC	The Office Bar Property Acquisition	130,000
Mount Vernon Development Company Inc 1250 VERNONVIEW DRIVE Mount Vernon, OH 43050		PC	The Root Art Building Acquisition	100,000
Mount Vernon Development Company Inc 1250 VERNONVIEW DRIVE Mount Vernon, OH 43050		PC	Funds for continued operations of the organization and property related expenses incurred	100,000
Mount Vernon Development Company Inc 1250 VERNONVIEW DRIVE Mount Vernon, OH 43050		PC	Wade Wolf Property Acquisition	55,000
Mount Vernon Nazarene University 800 Martinsburg Road Mount Vernon, OH 43050		PC	MVNU Tennis Courts	500,000
<b>Total . . . . . ►</b> <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Mount Vernon Nazarene University 800 Martinsburg Road Mount Vernon, OH 43050		PC	Esther Buchwald Art Scholarships	20,000
Mount Vernon Nazarene University 800 Martinsburg Road Mount Vernon, OH 43050		PC	Ariel Engineering Education Scholarship	20,000
Mount Vernon Nazarene University 800 Martinsburg Road Mount Vernon, OH 43050		PC	Theresa and Richard Hunter Nursing Scholarship	20,000
MTVarts Inc 1558 COSHOCTON AVENUE Mount Vernon, OH 43050		PC	MTVarts Equipment and Renovation	50,000
MTVarts Inc 1558 COSHOCTON AVENUE Mount Vernon, OH 43050		PC	Central Ohio School of Youth Mime 2016	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Newark Campus Development Fund 1558 COSHOCTON AVENUE Mount Vernon, OH 43050		PC	Next Generation Challenge	200,000
Ohio Eastern Star Home 25 E WALNUT STREET NEWARK, OH 43055		PC	Ohio Eastern Star Home Capital Campaign	500,000
Ohio State University Foundation 1480 W LANE AVE COLUMBUS, OH 43221		PC	The Buchwald Family Scholarship	475,000
Ohiolina Music Festival 227 S MAIN ST Mount Vernon, OH 43050		PC	Ohiolina Music Festival	20,000
Science Play-Space Initiative (SPI) Inc 227 S MAIN ST Mount Vernon, OH 43050		PC	Buckeye Building Renovation Active PlayZone Funding	120,000
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159


**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Science Play-Space Initiative (SPI) Inc 227 S MAIN ST Mount Vernon, OH 43050		PC	SPI Overhead Cost Extension	10,470
Science Play-Space Initiative (SPI) Inc 227 S MAIN ST Mount Vernon, OH 43050		PC	What's the Matter? Materials Science camps Matching Funding	8,000
Science Play-Space Initiative (SPI) Inc 227 S MAIN ST Mount Vernon, OH 43050		PC	SPI Continuing Support 2015- 2016	5,406
Science Play-Space Initiative (SPI) Inc 227 S MAIN ST Mount Vernon, OH 43050		PC	Summer Music Garden	3,000
St Vincent Du Paul Rectory 206 E CHESTNUT ST Mount Vernon, OH 43050		PC	Fast ForWard Intervention Renwal	5,400
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
St Vincent Du Paul Rectory 206 E CHESTNUT ST Mount Vernon, OH 43050		PC	Technology to support Fast ForWard Program	3,000
Starting Point of Knox County 11 Woodlake Trail Mount Vernon, OH 43050		PC	Starting Point Building Remodel, Phases II-VII	42,000
The Foundation for Knox Community Hospital 1330 Coshocton Road Mount Vernon, OH 43050		PC	Purchase and Renovation of 133 S Main St	917,543
The Foundation for Knox Community Hospital 1330 Coshocton Road Mount Vernon, OH 43050		PC	Your Family Your Health Your Hospital	100,000
The Village Network 17606 coshocton Road Mount Vernon, OH 43050		PC	Knox Juvenile Court Diversion Program - Renwal	190,000
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The Village Network 17606 coshocton Road Mount Vernon, OH 43050		PC	NMT and Dr Bruce Perry 2016	50,000
University of Toledo 2801 W Bancroft Toledo, OH 43601		PC	2016 Scholarship	5,000
Untied Way of Knox County Ohio Inc 110 East High Street Mount Vernon, OH 43050		PC	Imagination Library - 2016 Renwal Grant	12,000
Winter Sanctuary Inc Po box 421 Mount Vernon, OH 43050		PC	Weekend Shelter Manager	5,000
YMCA of Mount Vernon 107 South Main Street Mount Vernon, OH 43050		PC	2106 Swimming Lessons	30,000
<b>Total . . . . . ▶</b> <b>3a</b>				6,344,159

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA of Mount Vernon 107 South Main Street Mount Vernon, OH 43050		PC	2016 Annual Campaign	15,000
<b>Total</b> . . . . . 				6,344,159
<b>3a</b>				

**TY 2016 Accounting Fees Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	18,810	0		0



**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2016 Depreciation Schedule**

**Name:** THE ARIEL FOUNDATION  
**EIN:** 27-0226408

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE FURNITURE	2010-07-01	31,626	24,849	SL	7 000000000000	4,518	0		
OFFICE FURNITURE	2014-05-31	6,910	1,563	SL	7 000000000000	987	0		

## TY 2016 Investments Corporate Stock Schedule

**Name:** THE ARIEL FOUNDATION

**EIN:** 27-0226408

Name of Stock	End of Year Book Value	End of Year Fair Market Value
marketable securities	34,439,061	34,439,061

# **TY 2016 Land, Etc. Schedule**

**Name:** THE ARIEL FOUNDATION

**EIN:** 27-0226408

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE FURNITURE	31,626	29,367	2,259	
OFFICE FURNITURE	6,910	2,550	4,360	

**TY 2016 Legal Fees Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	113	0		0

**TY 2016 Other Decreases Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

Description	Amount
BOOK TAX DIFF / CAPITAL GAINS	49,791
BOOK TAX DIFF / EXCISE TAX	8,498

**TY 2016 Other Expenses Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
other expenses	22,322	0		22,322
INVESTMENT INTEREST - K-1'S	0	41,625		0
OTHER DEDUCTIONS - K-1'S	0	25,178		0

**TY 2016 Other Income Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INVESTMENT INCOME - GS	34,874	34,874	34,874
ROCKBRIDGE HSPITALITY		0	
SOUTHOCEAN MSAF		0	
SOUTHOCEAN PRIVATE CREDIT PARTNERS LP		0	
Star Mountain Diversified Small Business Access Fund II LP		0	

**TY 2016 Other Increases Schedule**

**Name:** THE ARIEL FOUNDATION  
**EIN:** 27-0226408

Description	Amount
UNREALIZED gain/LOSS ON INVESTMENTS	1,038,062



**TY 2016 Other Professional Fees Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
investment fees	194,952	194,952		0
INVESTMENT FEES - K-1'S	0	131,402		0
	0	0		0

**TY 2016 Substantial Contributors  
Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408**Name****Address**

KURT E SCHISLER

1240 GAMBIER ROAD  
MOUNT VERNON, OH 43050

**TY 2016 Taxes Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	164	305		0
payroll	6,440	0		6,440
Taxes	23,324	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491291001037	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>			OMB No 1545-0047
					<b>2016</b>
Name of the organization THE ARIEL FOUNDATION				Employer identification number 27-0226408	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> THE ARIEL FOUNDATION	<b>Employer identification number</b> 27-0226408
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<b>Part I</b> <b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAREN BUCHWALD WRIGHT 1240 GAMBIER ROAD MOUNT VERNON, OH43050	\$ 2,007,128	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
2	KAREN BUCHWALD WRIGHT 1240 GAMBIER ROAD mounT VERNON, OH43050	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE ARIEL FOUNDATION	<b>Employer identification number</b> 27-0226408
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<b>Part II</b>	<b>Noncash Property</b>
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Securities at fair market value	\$ 2,007,128	2016-12-20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____	\$ _____	_____

<b>Name of organization</b> THE ARIEL FOUNDATION	<b>Employer identification number</b> 27-0226408
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	